



2828
IFW

Docket No. NDRLASERUS

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Lazarev et al.
Application No.: 10/073,716
Filed: 02/11/2002
For: HIGH POWER SURFACE
EMITTING LASER AND FABRICATION
METHOD THEREOF

Group No.: 2828
Examiner: Jackson, Cornelius H.

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- Transmitted herewith is a response for this application comprising:

9 Pages Amendment with Remarks; and
2 Sheets Replacement Drawings

STATUS

- Applicant is a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))


I hereby certify that, on the date shown below, this correspondence is being:

MAILING

☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.



Signature

Date: September 22, 2004

Thomas P. O'Connell
(type or print name of person certifying)

EXTENSION OF TERM

3. The proceedings herein are for a patent application, and the provisions of 37 C.F.R. Section 1.136(a) apply. Applicant believes no extension of time is necessary. However, if an extension is required, please consider this a petition therefor.

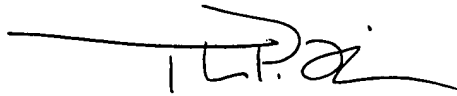
FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col.1) | | (Col. 2) | (Col. 3) | SMALL ENTITY | |
|--|---|-------|---------------------------------------|------------------|--------------|----------------|
| | Claims Remaining After Amendment | | Highest No. Previously Paid For | Present Extra | Rate | Addit. Fee |
| Total | 19 | Minus | 39 | = 0 | x \$9 = | \$0 |
| Indep. | 1 | Minus | 3 | = 0 | x \$42 = | \$0 |
| First Presentation of Multiple Dependent Claim | | | | | + \$135 = | \$0 |
| Total | | | | | | Addit. Fee \$0 |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.



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